

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

Section A: Record the person's answers to questions 1-6.

- (1) If all answers are **no**, have person sign where specified and continue to Section B.
- (2) If any two answers are **yes**, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition:

- (1) If all answers in Section **A** are **no**, no copy required. Document as noted above.
- (2) If any two answers in Section **A** are **yes**, retain original and any further referral form in record. Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be ordered from: Department of Health and Human Services
General Communicable Disease
Epidemiology Section
Tuberculosis Control
1902 Mail Service Center
Raleigh, NC 27699-1902

